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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/271,455 02/25/2001
 and is a CIP of 09/627,357 07/28/2000 ABN
 and is a CIP of 09/627,645 07/28/2000 ABN
 and is a CIP of 09/627,358 07/28/2000 ABN
 and is a CIP of 09/628,205 07/28/2000 ABN
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 and is a CIP of 09/706,609 11/04/2000
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 and is a CIP of 09/706,617 11/04/2000 ABN
 and is a CIP of 09/706,615 11/04/2000 ABN
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 and is a CIP of 09/706,610 11/04/2000 ABN
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MHP

** FOREIGN APPLICATIONS *****

None MHP

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/16/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature Initials				

ADDRESS

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TITLE

System and method for conducting a secure response communication session

<p>FILING FEE</p> <p>RECEIVED</p> <p>413</p>	<p>FEES: Authority has been given in Paper</p> <p>No. _____ to charge/credit DEPOSIT ACCOUNT</p> <p>No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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